

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> <small>(FOR USE WITH FORM PTO-675)</small>							SERIAL NO. <b>09833922</b>	FILING DATE <b>04-16-01</b>					
							APPLICANT(S)						
<b>10/13/05 CLAIMS</b>													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	5	0		0	5	0							
TOTAL DEP.	20	0		0	10	0							
TOTAL CLAIMS	25				21								

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Best Available Copy